

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s):	Dwayne Parkinson		
Serial No.:	10/647,086	Examiner:	Sathyanaraya R. Pannala
Filed:	August 22, 2003	Group Art Unit:	2167
Docket:	O8-003-01-US	Customer No.	22,854
Title:	System and Method of Parsing a Template for Generating Presentation Data		

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir or Madam:

In response to the Office Action of March 8, 2005, please amend the above application as follows:

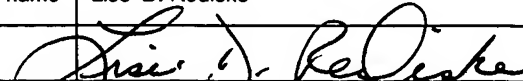
Amendments to the specification begin on page 2 of this paper.

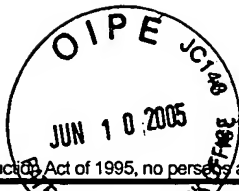
Amendments to the claims are reflected in the listing of claims that begins on page 3 of this paper.

Remarks/Arguments begin on page 8 of this paper.

06/13/2005 RMEBRAHT 00000041 134300 10647086

01 FC:2201 100.00 DA
02 FC:2202 250.00 DA
03 FC:2203 180.00 DA

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO at 703-872-9306 or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Lise' D. Rediske		
Signature		Date	6-8-05



PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/8/2004 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known		
FEE TRANSMITTAL For FY 2005		Application Number	10/647,086	
		Filing Date	August 22, 2003	
		First Named Inventor	Dwayne Parkinson	
		Examiner Name	Sathyanaraya R. Pannala	
		Art Unit	2167	
<input checked="" type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27	TOTAL AMOUNT OF PAYMENT	(\$ 530.00)	Attorney Docket No.	O8-003-01-US

METHOD OF PAYMENT (check all that apply)	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 13-4300 Deposit Account Name: Moore, Hansen & Sumner, PLLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charges fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
		FILING FEES		SEARCH FEES		EXAMINATION FEES	
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	\$ 0.00
							Small Entity
							Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
Total Claims							Fee Paid (\$)
32 - 22 = 10 x \$25.00 = \$ 250.00							
HP = highest number of total claims paid for, if greater than 20							\$180.00
Indep. Claims							Fee Paid (\$)
4 - 3 or HP = 1 x \$100.00 = \$ 100.00							
HP = highest number of independent claims paid for, if greater than 3							
2. EXCESS CLAIM FEES							
Fee Description							
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent							
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							
Multiple dependent claims							
Total Claims							
32 - 22 = 10 x \$25.00 = \$ 250.00							
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims							
4 - 3 or HP = 1 x \$100.00 = \$ 100.00							
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	
29 - 100 = 0		/ 50 = 0		(round up to a whole number) x		\$125.00 = \$ 0.00	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other: Fee for IDS submission under 37 CFR 1.17(p)							
Fees Paid (\$)							
180.00							

SUBMITTED BY			
Signature		Registration No. 34321 (Attorney/Agent)	Telephone 612-332-8200
Name (Print/Type)	Shawn B. Dempster	Date	8 June 2005

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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